03/18/2010 09:53

Image# 10990377881

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORIWI 3X | For Othe | er Than An Autho | orized Comm | nittee | 0 | office Use Only |
|---|--|---|------------------------------|--------------------|--|--|
| NAME OF COMMITTEE (in full) | | MAILING LABEL OR PRINT 🗑 | Example:If typover the lines | | | |
| American College of Ra | adiology Associati | | | | | |
| | | | | | | |
| ADDRESS (number and stree | et) 1891 P | reston White Drive | | | | |
| Check if different than previously reported. (ACC) | Reston | | | | VA L | 20191 |
| 2. FEC IDENTIFICATION | NUMBER 🖫 | CITY | <u> </u> | | STATE | ZIPCODE 🛕 |
| C00343459 | | | THIS X | NEW (N) OR | AMEN (A) | NDED |
| 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Reports: Quarterly Reports: October 15 Quarterly Reports: January 31 Quarterly Report(Non-eyear Only) (Moneyear | port(Q1) (c) port(Q2) port(Q3) port(YE) (ear election (d)) | Apr 20 12-Day PRE-Election Report for the: Election | General (| on (12C) | Aug 20 Sep 20 Oct 20 General (120 Special (120 Runoff (30R | Year Only) (M9) (M9) (M10) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) G) Runoff (12R) G) in the State of |
| 5. Covering Period | 02 | 2010 | throug | gh 02 | 28 | 2010 |
| Type or Print Name of Treas Signature of Treasurer | | illiam Herrington | | | and complete. | 18 2010 |
| NOTE : Submission of false | , erroneous, or in | complete information r | nay subject the p | person signing thi | s Report to the pe | nalties of 2 U.S.C 437g. |
| Office Use | | | | | | FEC FORM 3X (Rev. 12/2004) |

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/46

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American College of Radiology Association Political Action Committee

D D [®] D 02 0 1 2010 0.2 28 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 532260.11 January 1 (b) Cash on Hand at 646057.05 Begining of Reporting Period 63201.25 220545.55 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 709258.30 752805.66 6(a) and 6(c) for Column B) 42822.81 86370.17 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 666435.49 666435.49 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 46

Write or Type Committee Name

American College of Radiology Association Political Action Committee

м м 0 2

Report Covering the Period:

From:

D D 0 1

2010

то:

м м 0 2 D D 28

Y Y Y Y 2 0 1 0

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| . Contributions (other than loans) From: (a) Individuals/Persons Other | | |
| Than Political Committees (i) Itemized (use Schedule A) | 48893.85 | 182710.18 |
| (ii) Unitemized | 14305.65 | 35328.49 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 63199.50 | 218038.67 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 |
| 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 63199.50 | 218038.67 |
| 2. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 3. All Loans Received | 0.00 | 0.00 |
| Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| to Federal candidates and Other Political Committees | 0.00 | 2500.00 |
| 7. Other Federal Receipts (Dividends, Interest, etc.) | 1.75 | 6.88 |
| . Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| D. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 63201.25 | 220545.55 |
| . Total Federal Receipts (subtract Line 18(c) from Line 19) | 63201.25 | 220545.55 |

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 46

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------|---|-------------------------------|--|
| | Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| | Activity (from Schedule H4) | 0.00 | 0.00 |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating | 0.00 | 0.00 |
| | Expenditures | 0.00 | 0.00 |
| | (c) Total Operating Expenditures | 0.00 | 0.00 |
| 9 | (add 21(a)(i), (a)(ii) and (b)) | 0.00 | 0.00 |
| | Committees | 0.00 | 0.00 |
| 3. | Contributions to | | |
| | Federal Candidates/Committeesand Other Political Committees | 42500.00 | 85500.00 |
| | Independent Expenditure | | |
| _ | (use Schedule E) | 0.00 | 0.00 |
| Э. | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | (use Schedule F) | 0.00 | 0.00 |
| 3. | Loan Repayments Made | 0.00 | 0.00 |
| ٠. | | | |
| | Loans Made | 0.00 | 0.00 |
| | Refunds of Contributions To: | | |
| (| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| | 4 | 0.00 | 0.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| | (d) Total Contribution Refunds | | |
| | (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| | | | |
| 9. (| Other Disbursements | 322.81 | 870.17 |
| 0. | Federal Election Activity (2 U.S.C 431(20)) | | |
| | (a) Shared Federal Election Activity | | |
| | (from Schedule H6) | 2.22 | |
| | (i) Federal Share | 0.00 | 0.00 |
| | | 0.00 | 0.00 |
| | (ii) "Levin" Share | 0.00 | 0.00 |
| | (b) Federal Election Activity Paid Entirely | 0.00 | 0.00 |
| | With Federal Funds | | |
| | (c) Total Federal Election Activity (add | 0.00 | 0.00 |
| | Lines 30(a)(i), 30(a)(ii) and 30(b)) | | |
| 1 | Total Disbursements (add Lines 21(c), 22, | | |
| ٠. | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 42822.81 | 86370.17 |
| | 23, 24, 23, 20, 21, 20(u), 29 and 30(c)) | TLULLIUI | 33370.17 |
| 2. | Total Federal Disbursements | | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| | | | The state of the s |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 46

| · | | |
|---|-------------------------------|-----------------------------------|
| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| Fotal Contributions (other than loans) from Line 11(d), page 3) | 63199.50 | 218038.67 |
| Fotal Contribution Refunds from Line 28(d)) | 0.00 | 0.00 |
| Net Contributions (other than loans) (subtract Line 34 from Line 33) | 63199.50 | 218038.67 |
| Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

FE6AN026

SCHEDULE A (FEC Form 3X)

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 46 (check only one) X 11a |
|-----------|---|---|---|---|
| 7 | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Assoc | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| . ∠ 4. | Full Name (Last, First, Middle Initial) Dr. Eric Kraemer | | | Date of Receipt |
| - | Mailing Address 5615 Flowering Sage | Trail | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 33382622 |
| | Reno FEC ID number of contributing federal political committee. | C | 89511-4344 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer Reno Imaging Receipt For: | , | on tic Radiologist e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | Aggregate | 1000.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Ross Golding | 1 | | Date of Receipt |
| | Mailing Address Reno Diagnostic Cent 590 Eureka Ave | er | | 02 03 2010 |
| | City | State | Zip Code | Transaction ID: 33382623 |
| | Reno FEC ID number of contributing federal political committee. | C | 89512-3425 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer Reno Diagnostic Center | Occupation Diagnos | on tic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date 1000.00 | |
| - :. | Full Name (Last, First, Middle Initial) Dr. Lee Hoagland | | | Date of Receipt |
| | Mailing Address 6488 Pebble Pointe C | t | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 33382624 |
| | Newburgh FEC ID number of contributing federal political committee. | C | 47630-9818 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Evansville Radiology, P.C. | Occupation Diagnos | on tic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | , ' | e Year-to-Date ▼ 500.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 2500.00 |
| - | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | | 2500.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------------|---|--------------------------------|---|---|
| A | ny information copied from such Reports and for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American College of Radiology Association | ciation Politic | cal Action Committee | |
| ∠ A . | Full Name (Last, First, Middle Initial) Dr. Timothy E. Moore | | | Date of Receipt |
| | Mailing Address Univ of Nebraska Med 981045 Nebraska Med | | | 02 03 2010 |
| | City | State | Zip Code | Transaction ID: 33382625 |
| | <u>Omaha</u> | NE | 68198-0001 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer Univ of Nebraska Medical Ctr | Occupation Diagnos | on tic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 350.00 | |
| — В. | Full Name (Last, First, Middle Initial) Dr. Ryan Meyer | | | Date of Receipt |
| | Mailing Address 2100 Long Cove Cir | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City | State | Zip Code | Transaction ID: 33382626 |
| | Newburgh | IN | 47630-8412 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Evansville Radiology, P.C. | Occupation Diagnos | ^{on} tic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 500.00 | |
| C. | Full Name (Last, First, Middle Initial) Dr. Gregory Weaver | | | Date of Receipt |
| | Mailing Address 210 25th Ave N Ste 6 | 02 | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City | State | Zip Code | Transaction ID: 33382628 |
| | Nashville | TN | 37203-1631 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Radiology Alliance | - · · · · · | tic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 500.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 1350.00 |
| | OTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|---|--|
| or for commercial purposes, other than u | ts and Statements may not be sold or used by any person using the name and address of any political committee to a Association Political Action Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | 7.6566.4.6.7.7.6.6.7.6.6.7.6.6.7.6.6.7.6.6.7.6.6.7.6.6.7.6.6.7.6.6.7.6.6.7.6.6.7.6.6.7.6.6.7.6.6.7.6.6.7.6.6.7 | Date of Receipt |
| Mailing Address 17 Academy St | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 33382629 |
| <u>Hallowell</u> | ME 04347-1320 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer Kennebec Valley Radiology | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |
| Full Name (Last, First, Middle Initial) Dr. Ajay Goyal | | Date of Receipt |
| Mailing Address 8028 Plantation | Lakes Dr | 0 2 0 3 2 0 1 0 |
| City | State Zip Code | Transaction ID: 33382815 |
| Port Saint Lucie | FL 34986-3013 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Self-employed | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Patrick Cherry | | Date of Receipt |
| Mailing Address 1251 Settlers R | lidge Rd | 0 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 33382818 |
| Athens | GA 30606-7653 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Athens Radiology Associat- es | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (op | tional) | 1865.00 |

| Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In Fu | | 1 | 13 14 15 16 |
|--|-----------------------------|--|---|
| NAME OF COMMITTEE (In Fi | than using the name and ac | ay not be sold or used by any personderess of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| American College of Radio | , | cal Action Committee | |
| Full Name (Last, First, Middle II Dr. John Rieke | nitial) | | Date of Receipt |
| Mailing Address 5001 88th | Ave SE | | M M / D D / Y Y Y Y Y O D D / Y D D D D D D D D D D D D D D D D |
| City | State | Zip Code | Transaction ID: 33527738 |
| Mercer Island | WA | 98040-4643 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Multi Care Health System | Occupation Radiation | on on Oncologist | 7 |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle II | nitial) | | Data of Passint |
| Dr. Kishan Yalavarthi Mailing Address 1318 Arbo | Bluff Cir | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 33527739 |
| <u>Ballwin</u> | MO | 63021-3703 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Diagnostic Imaging Associ- ates | Occupation Diagnos | on stic Radiologist | _ |
| Receipt For: Primary Genera Other (specify) ▼ | | e Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle II Dr. George Flinn, JR | nitial) | | Date of Receipt |
| Mailing Address The Flinn (| Clinic evue Blvd Ste 222 | | 02 12 2010 |
| City | State | Zip Code | Transaction ID: 33527741 |
| Memphis | TN | 38104-3427 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Diagnostic Ultrasound Con- sultants, P.C | Occupation Diagnos | on stic Radiologist | |
| Receipt For: | | e Year-to-Date ▼ | |
| Primary ☐ Genera Other (specify) ▼ | | 500.00 | |

| A | ny information copied from such Reports and for commercial purposes, other than using th | Statements may not be cold or used by any para- | |
|----|--|--|---|
| | | e name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| _ | NAME OF COMMITTEE (In Full) American College of Radiology Association | ciation Political Action Committee | |
| | Full Name (Last, First, Middle Initial) Dr. Milton Van Hise | | Date of Receipt |
| | Mailing Address 16108 79th Ave SE | | 02 12 2010 |
| | City | State Zip Code | Transaction ID: 33547027 |
| | Snohomish | WA 98296-8618 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 500.00 |
| | Name of Employer Radia, Inc. | Occupation Diagnostic Radiologist | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ 500.00 | 1 |
| _ | Other (specify) | 300.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Raymond Thomas | | Date of Receipt |
| | Mailing Address Florence Radiologica 515 Rosewood Drive | | 02 14 2010 |
| | City | State Zip Code | Transaction ID: 33547028 |
| | Florence | SC 29501-5455 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 250.00 |
| | Name of Employer Florence Radiological Associates | Occupation Diagnostic Radiologist | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 250.00 | |
| _ | Full Name (Last, First, Middle Initial) Dr. Joseph Tashjian | | Date of Receipt |
| | Mailing Address 807 Summit Ave | | 0 2 1 4 2 0 1 0 |
| | City | State Zip Code | Transaction ID: 33547029 |
| | Saint Paul | MN 55105-3355 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 500.00 |
| | Name of Employer St. Paul Radiology | Occupation Diagnostic Radiologist | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 500.00 | |
| Γ. | NIDTOTAL of Descripto This Descriptor III | | 1250.00 |
| L | SUBTOTAL of Receipts This Page (optional) | ······ | 1235.00 |

| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any person of the name and address of any political committee to sociation Political Action Committee Rd State Zip Code NV 89511-2779 C Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00 | Date of Receipt Date of Receipt Transaction ID: 33547033 Amount of Each Receipt this Period 250.00 Date of Receipt 250.00 |
|---|--|---|
| American College of Radiology As Full Name (Last, First, Middle Initial) Dr. James Sloves Mailing Address 4870 W Pinewild F City Reno FEC ID number of contributing federal political committee. Name of Employer Holy Cross Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Shane Kraske Mailing Address 37 Columbine Ct City Iowa City FEC ID number of contributing federal political committee. Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General | State Zip Code NV 89511-2779 C Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.00 | Transaction ID: 33547033 Amount of Each Receipt this Period 250.00 |
| A. Dr. James Sloves Mailing Address 4870 W Pinewild F City Reno FEC ID number of contributing federal political committee. Name of Employer Holy Cross Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Shane Kraske Mailing Address 37 Columbine Ct City Iowa City FEC ID number of contributing federal political committee. Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General | State Zip Code NV 89511-2779 C Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.00 | Transaction ID: 33547033 Amount of Each Receipt this Period 250.00 |
| City Reno FEC ID number of contributing federal political committee. Name of Employer Holy Cross Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Shane Kraske Mailing Address 37 Columbine Ct City Iowa City FEC ID number of contributing federal political committee. Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General | State Zip Code NV 89511-2779 C Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.00 | Transaction ID: 33547033 Amount of Each Receipt this Period 250.00 Date of Receipt |
| Reno FEC ID number of contributing federal political committee. Name of Employer Holy Cross Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Shane Kraske Mailing Address 37 Columbine Ct City Iowa City FEC ID number of contributing federal political committee. Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General | Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.00 | Amount of Each Receipt this Period 250.00 Date of Receipt |
| FEC ID number of contributing federal political committee. Name of Employer Holy Cross Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Shane Kraske Mailing Address 37 Columbine Ct City Iowa City FEC ID number of contributing federal political committee. Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General | Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.00 | Date of Receipt |
| Holy Cross Hospital Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Shane Kraske Mailing Address 37 Columbine Ct City Iowa City FEC ID number of contributing federal political committee. Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General | Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00 | M M / D D / Y Y Y Y |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Shane Kraske Mailing Address 37 Columbine Ct City Iowa City FEC ID number of contributing federal political committee. Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General | 250.00 | M M / D D / Y Y Y Y |
| Dr. Shane Kraske Mailing Address 37 Columbine Ct City Iowa City FEC ID number of contributing federal political committee. Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General | | M M / D D / Y Y Y Y |
| City Iowa City FEC ID number of contributing federal political committee. Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General | | |
| Iowa City FEC ID number of contributing federal political committee. Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General | | 1 105 1 1 10 1 40 10 |
| FEC ID number of contributing federal political committee. Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General | State Zip Code | Transaction ID: 33547035 |
| Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General | IA 52246-8716 | Amount of Each Receipt this Period |
| es, Coralvill Receipt For: Primary General | C | 250.00 |
| Primary General | Occupation Diagnostic Radiologist | |
| | Aggregate Year-to-Date ▼ | |
| | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. David Harry | | Date of Receipt |
| Mailing Address 136 Highview Rd | | 0 2 1 5 2 0 1 0 |
| City | State Zip Code | Transaction ID: 33547036 |
| Stephenson FEC ID number of contributing federal political committee. | VA 22656-2105 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Winchester Medical Center | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (option | al) > | 750.00 |

SCHEDULE A (FEC Form 3X)

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 46 (check only one) X |
|--------|--|-----------------------|---|---|
| An | y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associ | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) Dr. Randall S. Winn Mailing Address Reading Hospital & Me | ed Ctr | | Date of Receipt |
| | PO Box 16052 | | | 02 15 2010 |
| | City | State | Zip Code | Transaction ID: 33547037 |
| | Reading FEC ID number of contributing federal political committee. | C | 19612-6052 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer West Reading Radiology Assoc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | , | n cic Radiologist e Year-to-Date ▼ 250.00 | |
| B. | Full Name (Last, First, Middle Initial) Dr. William Fife Mailing Address 256 NW Pacific Grove | Dr | | Date of Receipt |
| | City | State | Zip Code | 02 15 2010 |
| | Beaverton | OR | 97006-8352 | Transaction ID: 33547050 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer LAC/USC Hospital | Occupatio Diagnost | n ic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| _ | Full Name (Last, First, Middle Initial) Dr. Raymond Tu | | | Date of Receipt |
| | Mailing Address 1539 27th St NW | | | 0 2 |
| | City | State | Zip Code | Transaction ID: 33547053 |
| | Washington FEC ID number of contributing federal political committee. | C | 20007-3030 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Progressive Radiology | Occupatio Diagnost | n ic Radiologist | |
| | Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | , ' <u> </u> | e Year-to-Date ▼ 250.00 | |
| SI | JBTOTAL of Receipts This Page (optional) | | | 750.00 |

| SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 46 (check only one) X 11a 11b 11c 12 |
|--|---------------------------------------|--|---|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may the name and add | not be sold or used by any persol dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| American College of Radiology Ass | sociation Politica | al Action Committee | |
| Full Name (Last, First, Middle Initial) Dr. Paul Ellenbogen | | | Date of Receipt |
| Mailing Address 6612 Cliffbrook Dr | | | 02 15 2010 |
| City | State | Zip Code | Transaction ID: 33553575 |
| <u>Dallas</u> | TX | 75254-8613 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 208.34 |
| Name of Employer Southwest Imaging & Inter- | Occupation | n ic Radiologist | |
| ven specialis Receipt For: | | Year-to-Date | \dashv |
| Primary General Other (specify) ▼ | Aggregate | 416.68 | |
| Full Name (Last, First, Middle Initial) Dr. Paul Lampert | | | Date of Receipt |
| Mailing Address 2240 S. Elks Lane Unit 55 | | | M M / D D / Y Y Y Y Y Y D D / 2010 |
| City | State | Zip Code | Transaction ID: 33553584 |
| Yuma | AZ | 85364-6284 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 125.00 |
| Name of Employer MDIG | Occupation Diagnosti | n ic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Kevin Smith | | | Date of Receipt |
| Mailing Address Regional Diagnostic 1406 6th Ave N | Radiology | | 02 15 2010 |
| City | State | Zip Code | Transaction ID: 33553609 |
| Saint Cloud | MN | 56303-1900 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 208.34 |
| Name of Employer Regional Diagnostic Radio- logy | Occupation Diagnosti | n ic Radiologist | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 416.68 | |
| | | | 541.68 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 46 (check only one) X |
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| , | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma ne name and ad | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | American College of Radiology Asso | ciation Politic | cal Action Committee | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Daniel Measel | | | Date of Receipt |
| | Mailing Address 1211 Founders Lake | 02 18 2010 | | |
| | City Athens | State GA | Zip Code 30606-7645 | Transaction ID: 33572429 |
| | FEC ID number of contributing federal political committee. | C | 30000-7043 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Athens Radiology Associat- es, P.C. | Occupation Diagnos | on tic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| — В. | Full Name (Last, First, Middle Initial) Dr. Jay Harolds Mailing Address 14421 Wilson Rd | <u> </u> | | Date of Receipt |
| | Mailing Address 14421 Wilson Rd | 02 / 18 / 2010 | | |
| | City Edmond | State OK | Zip Code | Transaction ID: 33572430 |
| | FEC ID number of contributing federal political committee. | C | 73013-1510 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer Baptist Medical Center | Occupation Diagnost | on tic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| _ C. | Full Name (Last, First, Middle Initial) Dr. James Duncan, JR | | | Date of Receipt |
| | Mailing Address 611 Weymouth Dr | 0 2 1 8 2 0 1 0 | | |
| | City | State | Zip Code | Transaction ID: 33572431 |
| | Spartanburg FEC ID number of contributing federal political committee. | SC C | 29302-2813 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Greenville Radiology | Occupation | on tic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | \ | 1750.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 46 (check only one) X 11a 11b 11c 12 |
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| | | , , | 13 14 15 16 |
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| American College of Radiology Assoc | ciation Politic | al Action Committee | |
| Full Name (Last, First, Middle Initial) Dr. Raymond Thomas | | | Date of Receipt |
| Mailing Address Florence Radiological 515 Rosewood Drive | | | 02 18 2010 |
| City | State | Zip Code | Transaction ID: 33572582 |
| Florence | SC | 29501-5455 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 62.50 |
| Name of Employer Florence Radiological Ass- | Occupatio | | |
| ociates Receipt For: | , | ic Radiologist e Year-to-Date ▼ | \dashv |
| Primary General | Aggregate | | 1 |
| Other (specify) ▼ | | 312.50 | |
| Full Name (Last, First, Middle Initial) Dr. William Mark White | 1 | | Date of Receipt |
| Mailing Address 715 Pin Oak Dr | | | 02 18 2010 |
| City | State | Zip Code | Transaction ID: 33572597 |
| Searcy | AR | 72143-4570 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1600.00 |
| Name of Employer Radiology Associates, P.A. | Occupatio Diagnost | n ic Radiologist | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 1600.00 | |
| Full Name (Last, First, Middle Initial) Dr. Shannon Turner | | | Date of Receipt |
| Mailing Address 40 Bellegarde Dr | | | 02 18 2010 |
| City | State | Zip Code | Transaction ID: 33572598 |
| Little Rock | AR | 72223-9185 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Radiology Associates, P.A. | Occupatio Diagnost | n ic Radiologist | |
| Receipt For: | T | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 500.00 | |
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|--|--|--|---|--|--|--|
| NAME OF COMMITTEE (In Full) American College of Radiology As | <u>- </u> | · · | SONOR CONTINUATIONS ITOM SUCH COMMITTILLEE. | | | |
| Full Name (Last, First, Middle Initial) Dr. Kathleen Sitarik Mailing Address Radiology Associa | | | Date of Receipt | | | |
| 500 S University A | | 7:- Oada | 02 18 2010 | | | |
| City Little Rock | State AR | Zip Code 72205-5302 | Transaction ID: 33572599 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 72203-3302 | 1000.00 | | | |
| Name of Employer Radiology Associates PA | | c Radiologist | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | |
| Full Name (Last, First, Middle Initial) Dr. Barbara Sandefur | | | Date of Receipt | | | |
| | Mailing Address 2425 E Boston Mountain Dr | | | | | |
| City Fayetteville | State AR | Zip Code 72701-2802 | Transaction ID: 33572600 | | | |
| FEC ID number of contributing federal political committee. | C | 72701-2002 | Amount of Each Receipt this Period 400.00 | | | |
| Name of Employer Radiology Associates, P.A. | Occupation Diagnosti | n c Radiologist | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 400.00 | | | | |
| Full Name (Last, First, Middle Initial) Dr. John Meadors | | | Date of Receipt | | | |
| Mailing Address Radiology Associa 500 S University A | ve Ste 101 | | 02 18 2010 | | | |
| City <u>Little Rock</u> | State AR | Zip Code 72205-5314 | Transaction ID: 33572601 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 800.00 | | | |
| Name of Employer Radiology Associates, P.A. | Occupation Diagnosti | n c Radiologist | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 800.00 | | | | |
| SUBTOTAL of Receipts This Page (options | al) | | 2200.00 | | | |

SCHEDULE A (FEC Form 3X)

| | DULE A (FEC Form 3X) ZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 46 (check only one) X 11a |
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| or for cor | mation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) rican College of Radiology Associa | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. Dr. Ja Mailin City Little FEC federa Name | lame (Last, First, Middle Initial) mes McDonald g Address 12 Sherrill Rd PRock D number of contributing al political committee. of Employer ology Associates, P.A. | | ic Radiologist | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | pt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| Dr. Mailin City | lame (Last, First, Middle Initial) elanie Hoover g Address Radiology Associates F 500 S University Ave St | | Zip Code 72205-5314 | Date of Receipt M M M / D D / Y Y Y Y Y 0 2 1 8 2 0 1 0 Transaction ID: 33572603 Amount of Each Receipt this Period |
| FEC federa | ID number of contributing al political committee. | C | n | 350.00 |
| | pt For: Primary General Other (specify) | | e Year-to-Date ▼ 350.00 | |
| Dr. Do | lame (Last, First, Middle Initial) ouglas Elliott g Address 2941 N Oakland Zion F | Rd | | Date of Receipt |
| | etteville | State AR | Zip Code 72703-4650 | Transaction ID: 33572604 Amount of Each Receipt this Period |
| federa Name | ID number of contributing al political committee. of Employer ology Associates, P.A. | Occupatio | n ic Radiologist | 800.00 |
| | pt For: Primary General Other (specify) ▼ | <u> </u> | e Year-to-Date ▼ 800.00 | |
| SUBTO | TAL of Receipts This Page (optional) | | | 2150.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | | | |
| American College of Radiology Associ | ation Politic | al Action Committee | |
| Full Name (Last, First, Middle Initial) Dr. Steven Dunnagan | | | Date of Receipt |
| Mailing Address 150 Hickory Creek Cir | | | 02 18 2010 |
| City | State | Zip Code | Transaction ID: 33572605 |
| Little Rock | AR | 72212-2511 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 600.00 |
| Name of Employer Radiology Associates, P.A. | Occupatio | n tic Radiologist | 7 |
| Receipt For: | . ' | e Year-to-Date | |
| Primary General Other (specify) ▼ | 7 ggr ogan | 600.00 | |
| Full Name (Last, First, Middle Initial) Dr. F Keith Bell | I. | | Date of Receipt |
| Mailing Address 507 West Ridge Dr | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City | State | Zip Code | Transaction ID: 33572606 |
| <u>Conway</u> | AR | 72034-5524 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Radiology Associates, P.A. | Occupation | n tic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Jodi Barboza | | | Date of Receipt |
| Mailing Address 111 Courts Ln | | | 02 18 2010 |
| City | State | Zip Code | Transaction ID: 33572607 |
| Little Rock | AR | 72223-9018 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Radiology Associates, P.A. | Occupation Diagnost | n tic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 2100.00 |

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| or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) American College of Radiology Asso | he name and address of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. G Christopher Hammet | | Date of Receipt |
| Mailing Address 231 W Lynwood Ave | | 0 2 1 8 2 0 1 0 |
| City | State Zip Code | Transaction ID: 33572610 |
| San Antonio | TX 78212-2323 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer South Texas Radiology Gro- up, P.A. | Occupation Diagnostic Radiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Todd Tibbetts | _1 | Date of Receipt |
| Mailing Address 804 Evans Ave | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 33572611 |
| San Antonio | TX 78209-3649 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 400.00 |
| Name of Employer South Texas Radiology Gro- up, P.A. | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) Dr. Joseph McColley | | Date of Receipt |
| Mailing Address 314 Post Oak Way | | 02 18 2010 |
| City | State Zip Code | Transaction ID: 33572612 |
| San Antonio | TX 78230-5623 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer South Texas Radiology Gro- up, P.A. | Occupation Diagnostic Radiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| SURTOTAL of Receipts This Page (optional) | | 1150.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | (A) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 46 (check only one) X | |
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| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology Ass | the name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. | |
| Full Name (Last, First, Middle Initial) Dr. Keith Crow Mailing Address 523 Berwick Town | | | Date of Receipt | |
| City San Antonio FEC ID number of contributing | State TX | Zip Code 78249-2080 | Transaction ID: 33572613 Amount of Each Receipt this Period 500.00 | |
| Receipt For: Primary Other (specify) General General | Occupatio Diagnost | n cic Radiologist e Year-to-Date ▼ | | |
| Full Name (Last, First, Middle Initial) Dr. John Clement Mailing Address 803 Garraty Hill | . John Clement | | | |
| City San Antonio | State TX | Zip Code 78209-2859 | 0 2 1 8 2 0 1 0 Transaction ID: 33572614 | |
| FEC ID number of contributing federal political committee. | C | 70203-2039 | Amount of Each Receipt this Period 500.00 | |
| Name of Employer South Texas Radiology Gro- up, P.A. Receipt For: Primary General Other (specify) ▼ | | n cic Radiologist e Year-to-Date ▼ 500.00 | | |
| Full Name (Last, First, Middle Initial) Dr. Amit Mehta | | | Date of Receipt | |
| Mailing Address 811 Garraty Hill | | | 0 2 1 8 2 0 1 0 | |
| City San Antonio | State TX | Zip Code 78209-2859 | Transaction ID: 33572615 | |
| FEC ID number of contributing federal political committee. | C | 10209-2039 | Amount of Each Receipt this Period 500.00 | |
| Name of Employer South Texas Radiology Gro- up, P.A. Receipt For: Primary General | | n cic Radiologist e Year-to-Date ▼ | 1 | |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional |) | 0 0 0 0 0 0 0 | 1500.00 | |

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| or for commer NAME OF | on copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) In College of Radiology Associ | name and add | dress of any political committee to | on for the purpo o solicit contribu | ose of soliciting contributions tions from such committee. |
| Full Name Dr. Mark He Mailing Ado | | | | Date of F | · |
| City | 207 Bladilyadik Guik | State | Zip Code | 0 2 | 1 8 2 0 1 0 tion ID: 33572616 |
| San Anto | onio | TX | 78230-5617 | | of Each Receipt this Period |
| | mber of contributing tical committee. | C | | 0 | 1000.00 |
| <u>up, P.A.</u> | mployer as Radiology Gro- | , ' | ic Radiologist | | |
| Receipt Fo Prima Othe | | Aggregate | Year-to-Date ▼ 1000.00 | | |
| Full Name Dr. John St | (Last, First, Middle Initial) | | | Date of F | Receipt |
| Mailing Add | | M M M 0 2 | <u> </u> | | |
| City | | State | Zip Code | Transact | tion ID: 33572617 |
| San Anto | onio | TX | 78232-2902 | | of Each Receipt this Period |
| | mber of contributing tical committee. | C | | | 1000.00 |
| <u>up, P.A.</u> | as Radiology Gro- | , | ic Radiologist | | |
| Receipt Fo Prima Othe | | Aggregate | Year-to-Date ▼ 1000.00 |] | |
| Full Name Dr. Richard | (Last, First, Middle Initial) Benedikt | | | Date of F | Receipt |
| Mailing Add | dress 501 Patterson Ave | | | 0 2 | 18 2010 |
| City San Anto | onio | State TX | Zip Code 78209-5632 | | tion ID: 33572618 of Each Receipt this Period |
| | mber of contributing itical committee. | C | | | 1000.00 |
| <u>up, P.A.</u> | as Radiology Gro- | Occupation Diagnosti | n ic Radiologist | | |
| Receipt Fo | | Aggregate | Year-to-Date ▼ 1000.00 | | |
| SUBTOTAL | of Receipts This Page (optional) | 1 | | | 3000.00 |

| SCHEDULE A (FEC Form | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than NAME OF COMMITTEE (In Full) | orts and Statements may not be sold or used by any pers using the name and address of any political committee to y Association Political Action Committee | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Alvin Thaggard, Ill Mailing Address 104 Cross Ln | | Date of Receipt |
| City | State Zip Code | 0 2 1 8 2 0 1 0 Transaction ID: 33572619 |
| San Antonio FEC ID number of contributing federal political committee. | TX 78209-5909 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer South Texas Radiology Gro- up, P.A. Receipt For: Primary General Other (specify) ▼ | Occupation Diagnostic Radiologist Aggregate Year-to-Date 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. John Thomas Mailing Address 13651 Treasur | | Date of Receipt 0 2 1 8 2 0 1 0 |
| City San Antonio FEC ID number of contributing federal political committee. | State Zip Code TX 78232-3508 | Transaction ID: 33572620 Amount of Each Receipt this Period 1000.00 |
| Name of Employer South Texas Radiology Gro- up, P.A. Receipt For: Primary General Other (specify) ▼ | Occupation Diagnostic Radiologist Aggregate Year-to-Date 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Donald Willig Mailing Address 100 Creek Spo | | Date of Receipt |
| City Boerne | State Zip Code TX 78006-9270 | Transaction ID: 33572621 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer South Texas Radiology Gro- up, P.A. Receipt For: | Occupation Diagnostic Radiologist Aggregate Year-to-Date | |
| Primary General Other (specify) ▼ | 1000.00 | |
| SUBTOTAL of Receipts This Page (o | ptional) | 3000.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 46 (check only one) X |
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| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology Ass | the name and add | ress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Todd Baird Mailing Address 413 Stuart Cir Unit | C | | Date of Receipt |
| City Richmond | State VA | Zip Code 23220-3741 | Transaction ID: 33572679 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Commonwealth Radiology, | Occupation | | 250.00 |
| P.C. Receipt For: Primary General Other (specify) ▼ | | c Radiologist Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Jessica Berliner Mailing Address 3 Welwyn Pl | 1 | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 33572680 |
| Richmond | VA | 23229-8111 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | | 250.00 |
| Name of Employer Commonwealth Radiology | | c Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] |
| Full Name (Last, First, Middle Initial) Dr. Robert Beskin | • | | Date of Receipt |
| Mailing Address 12218 Country Hills | s Ter | | 02 18 2010 |
| City | State | Zip Code | Transaction ID: 33572681 |
| Glen Allen | VA | 23059-5339 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Commonwealth Radiology PC | Occupation Neurorad | iologist | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | | 750.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 46 (check only one) X 11a |
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| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American College of Radiology Ass | sociation Politic | al Action Committee | |
| Full Name (Last, First, Middle Initial) Dr. James Bosworth | | | Date of Receipt |
| Mailing Address 6 Nomas Ln | 02 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City Richmond | State VA | Zip Code | Transaction ID: 33572682 |
| FEC ID number of contributing federal political committee. | C | 23238-5728 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Commonwealth Radiology, P.C. | Occupation Diagnost | n ic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 |] |
| Full Name (Last, First, Middle Initial) Dr. Douglas Cook | | | Date of Receipt |
| Mailing Address 217 Ampthill Rd | 0 2 1 8 2 0 1 0 | | |
| City | State | Zip Code | Transaction ID: 33572684 |
| Richmond FEC ID number of contributing federal political committee. | C | 23226-2234 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Commonwealth Radiology | Occupation | n ic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. David Disler | | | Date of Receipt |
| Mailing Address Commonwealth Ra 1508 Willow Lawn I | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Richmond | State VA | Zip Code 23230-3421 | Transaction ID: 33572685 |
| FEC ID number of contributing federal political committee. | C | 23230-3421 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Commonwealth Radiology PC | Occupation Diagnost | n ic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optiona | | | 750.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 | | | | |
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| Any information copied from such Reports or for commercial purposes, other than usi | and Statements may not be sold or used by any pers ng the name and address of any political committee t | son for the purpose of soliciting contributions to solicit contributions from such committee. | | | | |
| | ssociation Political Action Committee | | | | | |
| Full Name (Last, First, Middle Initial) Dr. Mark Dixon | | Date of Receipt | | | | |
| Mailing Address 5004 Westcott La | Mailing Address 5004 Westcott Landing Cir | | | | | |
| City | State Zip Code | Transaction ID: 33572686 | | | | |
| Glen Allen | VA 23059-7080 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 250.00 | | | | |
| Name of Employer Commonwealth Radiology, P.C. | Occupation Diagnostic Radiologist | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 250.00 | | | | | |
| Full Name (Last, First, Middle Initial) Dr. Jean Dufour | | Date of Receipt | | | | |
| Mailing Address 9517 Cragmont D | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | |
| City | State Zip Code | Transaction ID: 33572687 | | | | |
| Richmond | VA 23229-7612 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 250.00 | | | | |
| Name of Employer Commonwealth Radiology, P.C. | Occupation Diagnostic Radiologist | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | | | | |
| Full Name (Last, First, Middle Initial) Dr. David Ekey | L | Date of Receipt | | | | |
| Mailing Address 3810 Sulgrave Ro | d | 0 2 1 8 2 0 1 0 | | | | |
| City | State Zip Code | Transaction ID: 33572688 | | | | |
| Richmond | VA 23221-3328 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 250.00 | | | | |
| Name of Employer Commonwealth Radiology, P.C. | Occupation Diagnostic Radiologist | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | | | | |
| SUBTOTAL of Receipts This Page (option | nal) | 750.00 | | | | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 46 (check only one) X |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology Assi | d Statements may not be sold or used by any personante name and address of any political committee to ociation Political Action Committee | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Maurice Finnegan, JR | | Date of Receipt |
| Mailing Address Commonwealth Rac 1510 Willow Lawn D | | 02 18 2010 |
| City | State Zip Code | Transaction ID: 33572693 |
| Richmond | VA 23230-3429 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Commonwealth Radiology, PC | Occupation Diagnostic Radiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 |] |
| Full Name (Last, First, Middle Initial) Dr. Robert Goldschmidt | | Date of Receipt |
| Mailing Address 8947 Cherokee Rd | | M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 33572694 |
| Richmond | VA 23235-1411 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Commonwealth Radiology PC | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Karen Killeen | | Date of Receipt |
| Mailing Address 3808 Dover Rd | | M M / D D / Y Y Y Y Y O D D / Y D D D D D D D D D D D D D D D D |
| City | State Zip Code | Transaction ID: 33572695 |
| Richmond | VA 23221-2337 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Commonwealth Radiology, P.C. | Occupation Diagnostic Radiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| | | 750.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) | PAGE 27 / 46 1c | |
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| or for comm | tion copied from such Reports and St ercial purposes, other than using the F COMMITTEE (In Full) an College of Radiology Associa | name and add | dress of any political committee to | on for the purpose of soliciting solicit contributions from suc | contributions h committee. |
| Full Nam Dr. Pame Mailing A | | 1 | | Date of Receipt | Y V V V |
| City | 12303 Collage Cove C | State | Zip Code | 0 2 1 8 Transaction ID: 33572 | 2010 |
| Richmo | ond | VA | 23233-3386 | Amount of Each Receip | |
| FEC ID r | number of contributing olitical committee. | С | | | 250.00 |
| <u>P.C.</u> | Employer wealth Radiology, | | ic Radiologist | | |
| | -or: mary General ner (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] | |
| | e (Last, First, Middle Initial) en Konerding | | | Date of Receipt | |
| | ddress 205 Cyril Ln | | | M M / D D / 1 8 | 2010 |
| City | | State | Zip Code | Transaction ID: 3357 | 2697 |
| Richmo | ond | VA | 23229-7740 | Amount of Each Receip | |
| | number of contributing olitical committee. | C | | | 250.00 |
| <u>P.C.</u> | Employer wealth Radiology, | _ · _ · | ic Radiologist | | |
| | -or: mary General ner (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] | |
| Full Nam Dr. Susar | e (Last, First, Middle Initial) n Prizzia | | | Date of Receipt | |
| Mailing A | ddress 4721 Trail Wynd Ct | | | 02 18 | 2010 |
| City | l | State | Zip Code | Transaction ID: 33572 | |
| Glen Al | | VA | 23059-2532 | Amount of Each Receip | t this Period |
| | number of contributing olitical committee. | C | | | 250.00 |
| Common <u>P.C.</u> | Employer Iwealth Radiology, | Occupation Diagnost | n ic Radiologist | | |
| | For: mary General ner (specify) ♥ | Aggregate | Year-to-Date ▼ 250.00 | | |
| SUBTOTAL | L of Receipts This Page (optional) | | | | 750.00 |

| SCHEDULE A (FEC For ITEMIZED RECEIPTS | m 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 46 (check only one) |
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| Any information copied from such Re or for commercial purposes, other tha | ports and Statements may n using the name and add | not be sold or used by any persolress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American College of Radiolo | gy Association Politica | al Action Committee | |
| Full Name (Last, First, Middle Initia Dr. Turner Lewis | al) | | Date of Receipt |
| Mailing Address 1120 West A | ve | | 02 18 2010 |
| City Richmond | State VA | Zip Code 23220-3720 | Transaction ID: 33572702 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Commonwealth Radiology, P.C. | Occupation Diagnosti | n ic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initia Dr. Brian Pacious | al) | | Date of Receipt |
| Mailing Address 32 Sumac Ln | | | 0 2 1 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 33572703 |
| Richmond FEC ID number of contributing federal political committee. | C | 23229-7924 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Commonwealth Radiology, P.C. | Occupation Diagnosti | n ic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initia Dr. Alan Padgett | al) | | Date of Receipt |
| Mailing Address 12805 Saddle | eseat Pl | | 02 18 2010 |
| City | State | Zip Code | Transaction ID: 33572704 |
| Richmond FEC ID number of contributing | VA C | 23233-7687 | Amount of Each Receipt this Period 250.00 |
| federal political committee. Name of Employer | Occupation | 1 | |
| Name of Employer Commonwealth Radiology, P.C. | Diagnost | ic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (| ontional | | 750.00 |

| | EDULE A (FEC Form 3X) NIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 46 (check only one) X |
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| or for c | formation copied from such Reports and commercial purposes, other than using the OF COMMITTEE (In Full) | Statements may ne name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| 1 \ | nerican College of Radiology Asso | ciation Politic | al Action Committee | |
| Dr. | Name (Last, First, Middle Initial) Alex Sleeker | | | Date of Receipt |
| | ling Address 1905 Grove Ave | | 7:01 | 02 / 18 / 2010 |
| City | | State | Zip Code | Transaction ID: 33572705 |
| FEC | chmond C ID number of contributing eral political committee. | C | 23220-4507 | Amount of Each Receipt this Period 250.00 |
| | me of Employer mmonwealth Radiology, | Occupatio | | |
| <u>P.C</u> |). | | ic Radiologist | |
| Rec | ceipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | Name (Last, First, Middle Initial) Lori Smithson | | | Date of Receipt |
| Mai | ling Address 3331 Lady Marian Ct | : | | 0 2 1 8 2 0 1 0 |
| City | | State | Zip Code | Transaction ID: 33572706 |
| Mic | dlothian | VA | 23113-1180 | Amount of Each Receipt this Period |
| | C ID number of contributing eral political committee. | C | | 250.00 |
| | me of Employer mmonwealth Radiology | Occupation Diagnost | n ic Radiologist | |
| Rec | ceipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 | |
| | Name (Last, First, Middle Initial) Richard Szucs | | | Date of Receipt |
| Mai | ling Address 3526 Crossings Way | • | | 02 / 18 / 2010 |
| City | | State | Zip Code | Transaction ID: 33572707 |
| <u>Mic</u> | dlothian | VA | 23113-6348 | Amount of Each Receipt this Period |
| | C ID number of contributing eral political committee. | C | | 250.00 |
| <u>P.C</u> | me of Employer mmonwealth Radiology, C. | _ · · · · · | ic Radiologist | |
| Rec | ceipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 | |
| OUDT | OTAL of Receipts This Page (optional) | | | 750.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 30 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associations and S or for commercial purposes, other than using the ST or for commercial purposes. | Statements may not be sold or used by any persole name and address of any political committee to station Political Action Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Mark Vaughn Mailing Address 328 Wickham Glen Di | r | Date of Receipt |
| City | State Zip Code | 0 2 1 8 2 0 1 0 Transaction ID: 33572708 |
| Richmond FEC ID number of contributing federal political committee. | VA 23238-6160 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Commonwealth Radiology, P.C. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Gregg Weinberg Mailing Address 3600 Salles Ridge Ct | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Midlothian FEC ID number of contributing federal political committee. | State Zip Code VA 23113-2037 | Transaction ID: 33572709 Amount of Each Receipt this Period 250.00 |
| Name of Employer Commonwealth Radiology, P.C. Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Janette Worthington Mailing Address 4200 Sulgrave Rd | | Date of Receipt |
| City Richmond | State Zip Code VA 23221-3255 | Transaction ID: 33572710 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Commonwealth Radiology, P.C. Receipt For: Primary General | Occupation Diagnostic Radiologist Aggregate Year-to-Date | |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | 250.00 | 750.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 46 (check only one) X |
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| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American College of Radiology Asso | he name and add | dress of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Dr. Robert Mittl, JR Mailing Address 4733 Coburn Court City | State | Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| Charlotte FEC ID number of contributing federal political committee. | NC C | 28277-2593 | Amount of Each Receipt this Period 126.00 |
| Name of Employer Charlotte Radiology Receipt For: Primary General Other (specify) ▼ | _ , ' | n cic Radiologist e Year-to-Date ▼ 210.00 | |
| Full Name (Last, First, Middle Initial) Dr. Neelesh Prakash Mailing Address Radiology Assoc of 2700 University Square | Tampa are Dr | | Date of Receipt 0 2 2 4 2 0 1 0 |
| City | State | Zip Code | Transaction ID: 33607993 |
| <u>Tampa</u> | FL | 33612-5513 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Radiology Associates of Tampa | | ic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Steven DePrima | ' | | Date of Receipt |
| Mailing Address 430 Rovino Ave | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City | State | Zip Code | Transaction ID: 33722270 |
| Coral Gables | FL | 33156-4261 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 2500.00 |
| Name of Employer Self-employed | | ic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 2876.00 |
| TOTAL This Period (last page this line numb | er only) | | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 32 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any person g the name and address of any political committee to speciation. Political Action Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| American College of Radiology As | sociation Political Action Committee | - |
| Full Name (Last, First, Middle Initial) Dr. Joseph DeLaurentis | | Date of Receipt |
| Mailing Address 41 Sussex Ave | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 33722273 |
| Sewell | NJ 08080-1232 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Self-employed | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| Full Name (Last, First, Middle Initial) Dr. Lorna Sohn Sohn Williams | | Date of Receipt |
| Mailing Address 16129 Bristol Point | te Dr | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 33722274 |
| Delray Beach | FL 33446-2357 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Palm Beach Radiology Prof- essionals. P. | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Richard Johnson | | Date of Receipt |
| Mailing Address 2236 Oakleigh Dr | | 0 2 2 6 2 0 1 0 |
| City | State Zip Code | Transaction ID: 33722276 |
| Murfreesboro | TN 37129-0857 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Midstate Radiology | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 2250.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 33 / 46 (check only one) X |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any person the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| American College of Radiology Ass | sociation Political Action Committee | |
| Full Name (Last, First, Middle Initial) Dr. Edward Horton, JR | | Date of Receipt |
| Mailing Address 8370 Hopewell Rd | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 33729830 |
| Cincinnati | OH 45242-4502 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Northeast Radiology | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Christopher Bauman | I | Date of Receipt |
| Mailing Address 216 Spring Creek F | PI NE | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 33729832 |
| Albuquerque | NM 87122-2016 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 300.00 |
| Name of Employer Radiology Associates of Albuquerque | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) Dr. Deborah Lucas | I | Date of Receipt |
| Mailing Address 108 Waverly Cir | | M M / D D / Y Y Y Y Y O D D / 26 2010 |
| City | State Zip Code | Transaction ID: 33729834 |
| Salisbury | NC 28144-9419 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Southeastern Radiology - Greensboro, N | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | 800.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | fo | se separate schedule(s) r each category of the etailed Summary Page | FOR LINE NUMBER: PAGE 34 / 46 (check only one) X |
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| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology Ass | the name and address | of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Jeanne W. Baer Mailing Address 418 High St | | | Date of Receipt |
| City Closter FEC ID number of contributing | NJ | Zip Code 07624-2013 | 0 2 2 6 2 0 1 0 Transaction ID: 33730127 Amount of Each Receipt this Period 250.00 |
| Name of Employer St Luke's-Roosevelt Hospital Receipt For: Primary Other (specify) ▼ | Occupation Diagnostic Ra Aggregate Year | | 230.00 |
| Full Name (Last, First, Middle Initial) Dr. Kenneth Buckwalter Mailing Address 8162 Round Hill Ct | | | Date of Receipt 0 2 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| City | State | Zip Code | Transaction ID: 33730141 |
| Indianapolis | IN | 46260-2910 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Indiana University | Occupation Diagnostic Ra | adiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year | -to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. William Murphy, JR | ' | | Date of Receipt |
| Mailing Address UT MD Anderson C 1515 Holcombe Blv | rd | | 02 26 2010 |
| City Houston | | Zip Code 77030-4009 | Transaction ID: 33730142 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 77030-4009 | 1000.00 |
| Name of Employer University of Texas | Occupation Diagnostic Ra | adiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year | r-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (optional | .I\ | | 1500.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and a fer comparaid purposes other than union. | d Statements ma | Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person | FOR LINE NUMBER: PAGE 35 / 46 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions |
|--|-----------------------|--|---|
| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American College of Radiology Asso | | | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Kenneth Rall Mailing Address 1904 Field Stone Ct | : | | Date of Receipt |
| City | State | Zip Code | 0 2 2 6 2 0 1 0 Transaction ID: 33730144 |
| Columbia | MO | 65203-5408 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Self-Employed | Occupatio Diagnost | n ic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 |] |
| Full Name (Last, First, Middle Initial) Dr. Andrew Laurel | | | Date of Receipt |
| Mailing Address 4001 Hidden Falls D | | | 02 / 26 / 2010 |
| City | State | Zip Code | Transaction ID: 33730149 |
| Prospect FEC ID number of contributing federal political committee. | C | 40059-6516 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupatio Diagnost | n ic Radiologist | |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Thomas Keane | | | Date of Receipt |
| Mailing Address 2602 Prendergast P | 'I | | 0 2 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City <u>Reynoldsburg</u> | State OH | Zip Code 43068-5207 | Transaction ID: 33730150 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Self-Employed | Occupatio Diagnost | n ic Radiologist | |
| Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) |) | | 1750.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 36 / 46 (check only one) X 11a |
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| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may the name and add | not be sold or used by any persoress of any political committee to | |
| American College of Radiology Asso | ociation Politica | I Action Committee | |
| Full Name (Last, First, Middle Initial) Dr. Daniel Whitehead | | | Date of Receipt |
| Mailing Address Evansville Radiology 611 Harriet St Ste 20 | | | 02 26 2010 |
| City | State | Zip Code | Transaction ID: 33730151 |
| <u>Evansville</u> | IN | 47710-1781 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Evansville Radiology, P.C. | Occupation Diagnostic | c Radiologist | |
| Receipt For: Primary General | Aggregate ` | Year-to-Date ▼ | 1 |
| Other (specify) ▼ | 0 0 | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Samuel Hill, IV | <u>'</u> | | Date of Receipt |
| Mailing Address 1860 Houndsfield Do | r | | 02 26 2010 |
| City | State | Zip Code | Transaction ID: 33731709 |
| Florence | SC | 29506-8552 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Florence Radiological Ass- ociates, P.A. | Occupation Diagnostic | c Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate ` | Year-to-Date ▼ 312.50 | |
| Full Name (Last, First, Middle Initial) Dr. Richard Satre | | | Date of Receipt |
| Mailing Address 728 134th St SW St | te 120 | | 02 26 2010 |
| City | State | Zip Code | Transaction ID: 33731710 |
| Everett | WA | 98204-5322 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Radiology Associates, P.A. | Occupation Diagnostic | c Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate ` | Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) |) | ······ | 1250.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37/46 (check only one) X 11a |
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| Any information copied from such Reports are or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American College of Radiology Ass | sociation Politic | al Action Committee | |
| Full Name (Last, First, Middle Initial) Dr. Christopher McManus | | | Date of Receipt |
| Mailing Address 9 Collins Crest Ct | | | 0 2 2 6 2 0 1 0 |
| City | State | Zip Code | Transaction ID: 33731711 |
| Greenville FEC ID number of contributing federal political committee. | SC | 29607-3774 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Wake Forest Univ School of Med Receipt For: Primary General | | ic Radiologist • Year-to-Date ▼ | 1 |
| Other (specify) Full Name (Last, First, Middle Initial) Dr. Hugo Falcon, JR | 0 0 | 250.00 | Date of Receipt |
| Mailing Address 412 Herrington Dr I | NE | | 0 2 2 6 2 0 1,0 |
| City Atlanta | State GA | Zip Code 30342-3822 | Transaction ID: 33731712 |
| FEC ID number of contributing federal political committee. | C | 30342-3022 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Diagnostic Imaging Specia- | Occupation | n ic Radiologist | |
| lists Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Rizvan Mirza | | | Date of Receipt |
| Mailing Address 1125 W Peppertree | Dr Apt 402 | | 02 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Sarasota | State FL | Zip Code 34242-3236 | Transaction ID: 33731713 |
| FEC ID number of contributing federal political committee. | C | 34242-3230 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Radia, Inc. | Occupation Diagnost | n ic Radiologist | |
| Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | | 750.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 46 (check only one) X |
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| or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) | g the name and address of any political committee to sociation Political Action Committee | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. William Thomeier | | Date of Receipt |
| Mailing Address 1180 Saint Mellion | Dr | 02 26 2010 |
| City | State Zip Code | Transaction ID: 33731714 |
| Presto | PA 15142-1010 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 250.00 |
| Name of Employer Tycor Imaging Group | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Timothy Bernauer | | Date of Receipt |
| Mailing Address 13 Pintail Pl | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 33731715 |
| Appleton | WI 54913-8068 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Radiology Associates of Appleton | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Michael Raskin | | Date of Receipt |
| Mailing Address 144 N Sewalls Poi | nt Rd | 0 2 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 33731721 |
| Sewalls Point | FL 34996-6502 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Michael M. Raskin, P.A. | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 750.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule for each category of the Detailed Summary Pag | e (check only one) |
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| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American College of Radiology Asso | he name and address of any political comm | y person for the purpose of soliciting contributions nittee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Locke Barber Mailing Address 201 Haines Dr | | Date of Receipt |
| City Moorestown | State Zip Code NJ 08057-2636 | Transaction ID: 33731723 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Radiology Associates of New Jersey Receipt For: Primary General Other (specify) | Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ | 250.00 |
| Full Name (Last, First, Middle Initial) Dr. Roy Siragusa Mailing Address 28 Winding Creek W | Zay State Zip Code | Date of Receipt M |
| Ormond Beach FEC ID number of contributing federal political committee. Name of Employer Radiology Associates of Daytona Beach Receipt For: Primary General Other (specify) | FL 32174-6773 C Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.0 | Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Dr. Richard Redvanly Mailing Address 4315 Gosford Pl | | Date of Receipt 0 2 2 6 2 0 1 0 |
| City Charlotte FEC ID number of contributing federal political committee. | State Zip Code NC 28277-4546 | Transaction ID: 33731741 Amount of Each Receipt this Period 40.00 |
| Name of Employer Charlotte Radiology Receipt For: Primary General Other (specify) ▼ | Occupation Diagnostic Radiologist Aggregate Year-to-Date 206.0 | 00 |
| SUBTOTAL of Receipts This Page (optional) | | 540.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 40 / 46 (check only one) X |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Assoc | Statements may not be sold or used by any persone name and address of any political committee to station Political Action Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Mary Pomeroy Mailing Address 2625 Rolling Hills Dr | | Date of Receipt |
| City Monroe FEC ID number of contributing | State Zip Code NC 28110-8408 | 0 2 2 6 2 0 1 0 Transaction ID: 33731751 Amount of Each Receipt this Period 42.00 |
| Receipt For: Primary Other (specify) | Occupation Diagnostic Radiologist Aggregate Year-to-Date 210.00 | |
| Full Name (Last, First, Middle Initial) Dr. Marcela Bohm-Velez Mailing Address Weinstein Imaging As 5850 Centre Ave City | sociates State Zip Code | Date of Receipt M M |
| Pittsburgh FEC ID number of contributing federal political committee. | PA 15206-3780 | Amount of Each Receipt this Period 166.67 |
| Name of Employer Weinstein Imaging Associates Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Occupation Diagnostic Radiologist Aggregate Year-to-Date 333.34 | |
| Full Name (Last, First, Middle Initial) Dr. Amy Kirby Mailing Address 5209 Pulchella Dr | | Date of Receipt |
| | Ctata Zin Cada | 02 26 2010 |
| City <u>Oklahoma City</u> | State Zip Code OK 73142-6811 | Transaction ID: 33731762 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 200.00 |
| Name of Employer Eagle Eye Imaging | Occupation Radiology Resident | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |
| | | 408.67 |
| SUBTOTAL of Receipts This Page (optional) | ······ | |

SCHEDULE B (FEC Form 3X)

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| | IIZED DISBURSEMENTS | for each category of the Detailed Summary Pag | € | À | 21b 27 | 22 28a | X 23 28l | | 24 28c | | 25 29 | 2 3 |
| or for co | ormation copied from such Reports and Stommercial purposes, other than using the ME OF COMMITTEE (In Full) | | | | | | | | | | | |
| Am | nerican College of Radiology Associ | ation Political Action Com | nittee | ! | | | | | | | | |
| Citi | Name (Last, First, Middle Initial) izens For Tom Petri ling Address P.O. Box 270 | | | | | Date o | action I | | | | 0 1 0 | Y |
| City For | nd Du Lac | State Zip Code WI 54936 | | | | Amoui | nt of Ea | ch Dis | burse | ment | this P | eriod |
| Pur | pose of Disbursement | | | 011 | | | | | | 200 | 00.00 | - |
| Re | ndidate Name p. Thomas Petri | | | atego Type | | | | | | | | |
| | ice Sought: X House Senate President te: WI District: 06 | oursement For: 2010 X Primary General Other (specify) | d | | | | | | | | | |
| Full | Name (Last, First, Middle Initial) | | | | | Transa | action | ID: 3 | 3216 | 410 | | |
| Bed | cerra For Congress | | | | | M 1 | f Disbu | | ent / Y | Υ | Y | Υ |
| Mai | ling Address P.O. Box 261060 | | | | | 0 2 | _ L | 02 | L | 2 | 0 Í 0 | |
| City | 1 | State Zip Code | | | | Amoui | nt of Ea | ch Dis | burse | ment | this P | eriod |
| | s Angeles | CA 90026 | | | | | | - | | | | - |
| Los | s Angeles pose of Disbursement | CA 90026 | Tr | 011 | | | | • | | 500 | 00.00 | |
| Los Pur Car | | CA 90026 | | 011 atego | ory/ | | | • | | 500 | 00.00 | |
| Los Pur Car Rep Offi | pose of Disbursement ndidate Name p. Xavier Becerra | oursement For: 2010 Primary X General Other (specify) | | ateg | ory/ | | | | | 500 | 00.00 | |
| Pur Car Rep Offii | pose of Disbursement Indidate Name p. Xavier Becerra Ice Sought: X House Senate President Dist | oursement For: 2010 Primary X Genera | | ateg | ory/ | Date c | action I | irseme | | 043 | | |
| Car Rep Offii | pose of Disbursement Indidate Name p. Xavier Becerra Ice Sought: X | oursement For: 2010 Primary X Genera | | ateg | ory/ | Date c | f Disbu | _ | | 043 | 0 1 0 | Y |
| Car Rep Offii Stat Full Rol Mai | pose of Disbursement Indidate Name p. Xavier Becerra Ice Sought: X | oursement For: 2010 Primary X Genera | | ateg | ory/ | Date of | f Disbu | o 2 | ent / Y | 043 [°] 2 | 0 1 0 | |
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| Car Rep Offii Stati Rol Mai City Mo Pur | pose of Disbursement Indidate Name p. Xavier Becerra Ice Sought: X | oursement For: 2010 Primary X General Other (specify) | J. C. | atego Type | ory/ | Date of | of Disbu | o 2 | ent / Y | 043 [°] 2 | 0 1 0 | |
| Car Rep Offii Stat Full Rol Mai City Mo Pur Car Offii | pose of Disbursement Indidate Name p. Xavier Becerra Ice Sought: Ice | oursement For: 2010 Primary X General Other (specify) | Ca | atego Type | ory/ | Date of | of Disbu | o 2 | ent / Y | 043 [°] 2 | 0 1 0 | |

| ITE | SHEDULE B (FEC Form 3X) | Use sep | arate schedule(s) | _ | E NUMBER: PAGE 42/46 |
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| | EMIZED DISBURSEMENTS | for each | category of the Summary Page | (check on 21b 27 | 22 X 23 24 25 28a 28b 28c 29 |
| | Information copied from such Reports and or commercial purposes, other than using the | | | | |
| | NAME OF COMMITTEE (In Full) American College of Radiology Asso | | | | |
| | Full Name (Last, First, Middle Initial) Friends Of John Mccain Inc | | | | Transaction ID: 33352133 Date of Disbursement |
| Ī | Mailing Address PO Box 16664 | | | | $\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ D & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & J & D \\ D & J & J \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & J & D \\ Z & D & J & D \end{smallmatrix} \end{bmatrix}$ |
| | City Arlington | State VA | Zip Code 22215 | | Amount of Each Disbursement this Perio |
| | Purpose of Disbursement | | | 011 | 2500.00 |
| ; | Candidate Name Sen. John McCain | isbursement For: | 2010 | Category/ Type | |
| | X Senate President | X Primary Other (spe | 2010 General ecify) | | |
| ı | State: AZ District: Full Name (Last, First, Middle Initial) Jobs, Opportunities and Education F | AC (JOE-PAC) | | | Transaction ID: 33381639 Date of Disbursement |
| Ī | Mailing Address 84-54 Grand Avenu | ıe | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Q \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Q \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ & Q & Q & 1 & Q \end{bmatrix}$ |
| | City Elmhurst | State NY | Zip Code 11373 | | Amount of Each Disbursement this Perio |
| _ | Purpose of Disbursement | | | 011 | 5000.00 |
| | Candidate Name Jobs, Opportunities and Education P | AC (JOE-PAC) | | Category/ Type | |
| , | • • • | | | | |
| (| Office Sought: House D Senate President | sbursement For: Primary Other (spe | General ecify) ▼ | | |
| ; | Office Sought: House D | Primary Other (spe | | | Transaction ID: 33382352 Date of Disbursement |
| ; | Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) | Primary Other (spe | | | |
| ; ; | Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Democrats Reshaping America (Dres | Primary Other (spe | | | Date of Disbursement M 2 M / D 0 4 Y 2 0 1 0 Amount of Each Disbursement this Period |
| | Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Democrats Reshaping America (Dremocrats Reshaping America (Dremocrats) Mailing Address 1212 S. Victory Blue City Burbank Purpose of Disbursement | Primary Other (spo | ecify) ▼ Zip Code | 011 | Date of Disbursement O 2 D O 4 D O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O |
| | Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Democrats Reshaping America (Dremotry Blue) Mailing Address 1212 S. Victory Blue City Burbank Purpose of Disbursement Candidate Name Democrats Reshaping America (Dremocrats Reshapin | Primary Other (special primary) other (special primary | ecify) ▼ Zip Code | 011 Category/ Type | Date of Disbursement M 2 M / D 0 4 Y 2 0 1 0 Y Amount of Each Disbursement this Perior |
| | Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Democrats Reshaping America (Dremotration of District) Mailing Address 1212 S. Victory Blue Burbank Purpose of Disbursement Candidate Name Democrats Reshaping America (Dremocrats Re | Primary Other (special primary) am PAC) d. State CA | Zip Code 91502 | Category/ | Date of Disbursement M M M M D D D M Y Y Y Y D Y D D M M D D D M D M |

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| Any Information copied from such Reports and Stator for commercial purposes, other than using the na | | | |
| NAME OF COMMITTEE (In Full) American College of Radiology Associat | on Political Action Committ | ee | |
| Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee | | | Transaction ID: 33525247 Date of Disbursement |
| Mailing Address PO Box 87 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| City Uwchland | State Zip Code PA 19480 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Candidate Name | | 011 | 1000.00 |
| Rep. James W. Gerlach | | Category/ Type | |
| Senate President | sement For: 2010 Primary X General Other (specify) ▼ | | |
| State: PA District: 06 | | | |
| Full Name (Last, First, Middle Initial) Doggett For Us Congress | | | Transaction ID: 33525248 Date of Disbursement |
| Mailing Address PO Box 5843 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| City Austin | State Zip Code TX 78763 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | 011 | 3000.00 |
| Candidate Name Rep. Lloyd Doggett | | Category/ Type | |
| Senate President | sement For: 2010 X Primary General Other (specify) ▼ | | |
| State: TX District: 25 Full Name (Last, First, Middle Initial) | | | Transaction ID: 33553977 |
| Wedge PAC | | | Date of Disbursement |
| Mailing Address PO Box 680063 | | | $\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} Y$ |
| City Franklin | State Zip Code TN 37068 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 5000.00 |
| Candidate Name Wedge PAC | | Category/ Type | |
| Senate President | sement For: Primary General Other (specify) | | |
| State: District: | | | |
| | | | 9000.00 |

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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 23 24 25 28a 28b 28c 29 |
| Any Information copied from such Reports and State or for commercial purposes, other than using the nar | | | |
| NAME OF COMMITTEE (In Full) American College of Radiology Associati | on Political Action Committee | е | |
| Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress | | | Transaction ID: 33572275 Date of Disbursement |
| Mailing Address P.O. Box 490286 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$ |
| City Chicago | State Zip Code IL 60649 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 2500.00 |
| Candidate Name Rep. Jesse L. Jackson, Jr. | | Category/ Type | |
| Senate President | ement For: 2010 Primary X General Other (specify) | | |
| State: IL District: 02 Full Name (Last, First, Middle Initial) | | | Transaction ID: 33581573 |
| Jo Bonner For Congress Committee | | | Date of Disbursement |
| Mailing Address P.O.Box 851232 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ & Z & D & I & O \end{bmatrix} \ \ \\ \\ & & & & & & & & & & & & & & & & $ |
| City Mobile | State Zip Code AL 36685 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name Rep. Josiah Robins Bonner, Jr. | | Category/ Type | |
| Senate President | sement For: 2010 (Primary General Other (specify) | | |
| State: AL District: 01 Full Name (Last, First, Middle Initial) | | | Transaction ID: 33581644 |
| Schmidt For Congress Committee | | | Date of Disbursement O 2 D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 771 Wards Corner Rd | | | |
| City Loveland | State Zip Code OH 45140 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name Rep. Jeannette H. Schmidt | | Category/ Type | |
| Senate President | ement For: 2010 (Primary General Other (specify) | | |
| State: OH District: 02 | | | |
| SUBTOTAL of Disbursements This Page (optional | · | | 4500.00 |

В.

President

District:

| age# 10000011020 | | |
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| SCHEDULE B (FEC Form 3X) | | LINE NUMBER: PAGE 45 / 46 |
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | ck only one) 21b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | |
| NAME OF COMMITTEE (In Full) American College of Radiology Association | Political Action Committee | |
| Full Name (Last, First, Middle Initial) Bill Cassidy For Congress Mailing Address 8550 United Plaza Blvd. | | Transaction ID: 33581857 Date of Disbursement O 2 M / D 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| , | State Zip Code LA 70809 | Amount of Each Disbursement this Period |
| Candidate Name Rep. William Cassidy, MD | 011 Categor Type | y/ |
| | ment For: 2010 Primary General Other (specify) | |
| Full Name (Last, First, Middle Initial) Tuesday Group PAC | | Transaction ID: 33581901 Date of Disbursement |
| Mailing Address P.O. Box 40385 | | 0 2 0 1 0 2 5 7 2 0 1 0 4 |
| Washington | State Zip Code DC 20016 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Candidate Name | 011 Categor | 5000.00 y/ |
| Tuesday Group PAC Office Sought: House Disburse Senate | Type ment For: Primary General | |

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| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Any Information copied from such Reports and Stater | for each category of the Detailed Summary Page (check on 21b 27 | 22 23 24 25 26 28a 28b 28c X 29 30b |
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| or for commercial purposes, other than using the name | e and address of any political committee to so | olicit contributions from such committee |
| NAME OF COMMITTEE (In Full) American College of Radiology Association | n Political Action Committee | |
| Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 27025 | | Transaction ID: 33968322 Date of Disbursement O 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Richmond Purpose of Disbursement Bank Fees Candidate Name | State Zip Code VA 23261-7025 | Amount of Each Disbursement this Period 322.81 |
| | ement For: Primary General Other (specify) | Bank Fees |

| SUBTOTAL of Disbursements This Page (optional) | • | 322.81 |
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| TOTAL This Period (last page this line number only) | | 322.81 |